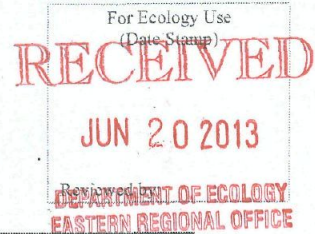




**Water Resources Program**  
**PROOF OF APPROPRIATION OF WATER**



PERMIT NUMBER <b>63-30641</b>	CHANGE APPROVAL NUMBER
NAME OF PERMITTEE <b>JERRY &amp; LOIS SHEFFELS</b>	CONTACT NAME (IF DIFFERENT)

MAILING ADDRESS (STREET) <b>17806 N. WEST SHORE DR.</b>	CITY <b>NINE MILE FALLS</b>	STATE <b>WA</b>	ZIP CODE <b>99026</b>
PHONE NUMBER <b>(509) 468-3922</b>	FAX NUMBER <b>( ) -</b>		

SOURCE(S) OF WATER <b>WELL</b>	LOCATION OF SOURCE(S)					
	NO.	1/4	1/4	SECTION	TOWNSHIP N.	RANGE, (E/W)M
		<b>SE</b>	<b>SW</b>	<b>22</b>	<b>27N</b>	<b>41E</b>

LIST ALL PURPOSES WATER IS USED FOR:  
**NON CONSUMPTIVE HEAT EXCHANGE**

DATE WATER WAS COMPLETELY APPLIED TO BENEFICIAL USE <b>2/26/2013</b>	TIME OF YEAR WATER IS USED: <input checked="" type="checkbox"/> Continuous/Year round <input type="checkbox"/> Seasonal	IF SEASONALLY, LIST THE START AND END DATE Start: _____ End: _____
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DESCRIBE HOW CONSTRUCTION AND DEVELOPMENT RELATED PROVISIONS (AS REQUIRED BY PERMIT) HAVE BEEN OR ARE TO BE MET (USE ADDITIONAL PAPER IF NECESSARY)

DESCRIPTION OF SPECIFIC AREA ON WHICH WATER IS BENEFICIALLY USED (USE ADDITIONAL PAPER IF NECESSARY)  
**N/A**

NO.	1/4	1/4	SECTION	TOWNSHIP N.	RANGE, (E/W)M
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**PHYSICAL WITHDRAWAL OR DIVERSION INFORMATION**

Point of Diversion/Withdrawal Tax Parcel #: **17223.0115**

**For Pump Designed Water System Information:**

TYPE OF PUMP: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other _____			
MAKE <b>STA-RITE</b>	MODEL # <b>156PM SERIES</b>	SERIAL # <b>UNK</b>	HORSEPOWER <b>1.5</b>
MOTOR	BHP	SPEED <b>3450</b>	RPM
<input type="checkbox"/> Water lubricated <input checked="" type="checkbox"/> Oil Lubricated			
BOOSTER PUMP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BREAK HORSEPOWER	PRESSURE <b>40/60</b>
PUMP DISCHARGE HEAD PRESSURE psi <b>60</b>		DISCHARGE PIPE DIAMETER <b>1 1/4"</b>	
OPEN DISCHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**For Ground Water Withdrawal (if more than one, please include attachment)**

Ecology Unique Well Identification Number(s) \_\_\_\_\_ [Include a copy of the well log(s)]

PUMP SETTING (DEPTH) <b>55 ft</b>	STATIC WATER LEVEL <b>18 ft</b> feet below land surface	DYNAMIC (PUMPING) LEVEL <b>18 ft</b> feet below land surface
ACCESS PORT INSTALLED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	AIRLINE INSTALLED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	AIRLINE LENGTH Ft. <b>0</b>

**For Non-Pump Designed Water Systems**

METHOD OF WATER DIVERSION <b>N/A</b>	DESCRIPTION OF WORKS SCREEN MESH SIZE METHOD OF CONTROL
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**OK For Proof Exam**  
**Jmes**  
**6/20/13**



# USE OF WATER FOR:

## 1. Irrigation (Please include map of all irrigated lands):

TYPE OF SYSTEM <u>N/A</u>	NUMBER OF SPRINKLERS OR EMMITTERS	SPRINKLER/EMMITER MAKE	MODEL & RATED DISCHARGE
SIZE NOZZLE/EMMITER OPENINGS	AVERAGE PRESSURE AT SPRINKLER/EMMITER HEADS	NUMBER OF ACRES DEVELOPED	TYPE OF CROP(S)

## 2. Municipal or Domestic Supply

NUMBER OF DOMESTIC UNITS CURRENTLY SERVED: <u>N/A</u>	NUMBER OF DOMESTIC UNITS TO BE SERVED	POPULATION CURRENTLY SERVED
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ALSO, provide the following information, if applicable:

- ☐ Department of Health public water system identification number.
- ☐ Map of the delivery system (provide copy if water system is done)
- ☐ Map of present service area and lots presently using water (Non-Municipal Users).
- ☐ If platted property, provide copy of the file plat map or file reference number Non-Municipal Users).
- ☐ Other incidental beneficial uses associated with the domestic supply (Non-Municipal Users).

## 3. Industrial or Commercial

TYPE OF INDUSTRY OR COMMERCIAL PROCESS <u>N/A</u>
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If a waste discharge permit is required for the facility, include a reference to the permit number: \_\_\_\_\_

4. Other Use of Water (describe): \_\_\_\_\_

## WATER USE AND \*MEASUREMENT

IS A FLOW METER OR MEASURING DEVICE INSTALLED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION OF METER(S) OR MEASURING DEVICE(S) <u>ELEVATOR ROOM IN RESIDENCE</u>		
MAKE <u>BADGER 3100</u>	SERIAL NUMBER <u>53100-000273</u>	INSTALLATION DATE <u>5/2/2013</u>	INSTALLED BY: <u>ANDREWS MECHANICAL INC.</u>
METER READING <u>142593.1</u>	DATE <u>6-4-13</u>		

\*Include copy of meter specifications

Report actual amount withdrawn or diverted from permanent system on an instantaneous and annual basis.

Please include meter data or describe method used to estimate annual volume.

CUBIC FEET PER SECOND	ACRE FEET PER YEAR	GALLONS PER MINUTE	TOTAL GALLONS PER YEAR
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If the existing water use as indicated by meter data, etc., is less than you anticipate to be the full extent of the water right which you are reporting through submission of this form, please explain on a separate sheet of paper.

I, \_\_\_\_\_, and L. J. 216 Sheffield do certify that I/we have  
(Please Print) (Please Print)  
completed appropriation of water under Water Right Permit or approved water right change number, 63-30461  
This notice and attached documents are true and accurate statements and describe and support my/our assertion that I/we have satisfied the terms of the permit/change in compliance with the law.

\_\_\_\_\_  
Permittee(s) Signature

2 Gerald Steffels 6, 12, 13  
Permittee(s) Signature Date

State of: WASHINGTON  
County of: LINCOLN } §

Signed and sworn to (or affirmed) before me on this 4th day of June 2013



Penny L Magers  
(Signature)  
Penny L Magers  
(Printed Name)  
NOTARY  
(Title)  
My appointment expires: 10/31/16